

ADJUSTMENT CERTIFICATION WORKSHEET For use of this form, see AR 37-104-10; the proponent agency is USAFAC		1. FROM	
2. SOLDIER'S NAME (Last, First, MI)		3. SSN	4. GRADE 5. PEBD

PART A - ADMINISTRATIVE DATA					
CHECK	ITEM	DATE	CHECK	ITEM	ENTER REQUESTED INFO
	6. Change TPC To _____ →			11. Change SSN To _____ →	
	7. Adjust NOUNA To			12. Change Name To	
	8. Adjust ETS To			13. Change Employ Status To	
	9. Adjust PEBD To			14. Mailing Address (Enter in Part D.)	
	10. Sep Account (Reason in Part D.)			15. Other (Enter in Part D.)	

PART B - PAY DATA					
16. Base Pay <input type="checkbox"/> a. Pay <input type="checkbox"/> b. Collect		17. Incentive Pay <input type="checkbox"/> a. Pay <input type="checkbox"/> b. Collect		c. IF ITEM B CHECKED, LIST TYPE	
18. <input type="checkbox"/> a. Officer with over 25 years TFOS authorized fly pay for		b. MONTH		19. <input type="checkbox"/> a. MBR Due "Saved Pay" From	
DAY	20. NO. DRILLS	21. TYPE DRILLS		22. DATE (YYMMDD)	
1					
2					
3					
4					

PART C - BONUS					
"THIS BONUS ACTION CONFORMS WITH PROCEDURES OUTLINED IN AR 135-7"					
CHECK	ITEM	EFFECTIVE DATE	CHECK	ITEM	EFFECTIVE DATE
	23. Bonus Payment Authorized MOS _____			26. Suspend Bonus Entitlement	
	24. Remove Bonus Suspension			27. Terminate Bonus with Recoup *Term Code _____	
	25. Terminate Bonus-No Recoup *Term Code _____			28. Correct/Convert Bonus Account (Explain in Part D.)	

(*If Code "M" state reason in Part D.)

PART D - REMARKS	

29. The data stated above is true and accurate. The attachments hereto are in support of Administrative Changes/Pay Adjustments.	30. CERTIFYING OFFICER'S SIGNATURE	31. DATE
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